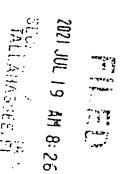
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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
TRIOPCO, LLC SUBJECT: Name of Limited Liability	Company
DOCUMENTE NUMBER M12000001820	
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
RESIGNATIONS DEPARTMENT	
Name of Person	
CORPORATION SERVICE COMPANY	
Name of Firm/Company	
251 LITTLE FALLS DRIVE	
Address	
WILMINGTON, DE 19808	
City/State and Zip Code	
ANNUALREPORTS@CSCGLOBAL.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
RESIGNATION DEPT 800	927-9801
Name of Person at (Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115, Florida	Statutes, the undersigned,
CORPORATION SER	VICE COMPANY	, hereby resigns as
	Name of Registered Agent	
Registered Agent for	TRIOPCO, LLC	
	Name of Limited Liabil	ity Company .
M12000001820		
Document	Number, if known	
A copy of this resigna	ation was mailed to the above list	ed limited liability company at its last known address.
The agency is terminate	ated and the office discontinued of	in the 31st day after the date on which this statement is filed.
	Kyh July Signature	of Resigning Agent
If signing on behalf o		
	BY KYLE TODD	
	Typed or Pri	nted Name
	VICE PRESIDENT	
	Capacit	y

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115, Florida Statut	es, the undersigned,	
CORPORATION SER	VICE COMPANY	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	TRIOPCO, LLC		
	Name of Limited Liability Com	pany	
M12000001820			
Document	Number, if known		
A copy of this resign	ation was mailed to the above listed limi	ted liability company at its last known address.	
The agency is termin	ated and the office discontinued on the 3	Hst day after the date on which this statement is	filed.
	Signature of Resi	gning Agent	۸.
If signing on behalf o	of an entity:		100 L
	BY KYLE TODD		i hig
	Typed or Printed Na	me	State of the state
	VICE PRESIDENT		7.0
	Capacity	6:27	Section 1

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company